NORTH CAROLINA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES
Steve Troxler, Commissioner
FOOD AND DRUG PROTECTION DIVISION
Joseph W. Reardon, Director

STATE USE ONLY

Chk./M.O.#_____
Received_____
Amount _____
License No. _____
Date Issued_____

LICENSE APPLICATION FOR WHOLESALE PRESCRIPTION DRUG DISTRIBUTORS

NCGS 106-145 – Wholesale Drug Distributor Licensing Act of 1991
NOTE: Any person licensed under this Act is not required to register under G.S. 106-140.1

FEES: Manufacturer, Repackager, or Relabeler - $500.00; Distributor - $350.00

Type or print answers to all questions. Use "Not Applicable" where appropriate. **If more space is required, attach supplemental sheets(s) identifying each item corresponding to the license application.** Pay nonrefundable fee by check or money order payable to "North Carolina Department of Agriculture & Consumer Services." **DO NOT SEND CASH.**

NORTH CAROLINA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES
FOOD AND DRUG PROTECTION DIVISION
1070 MAIL SERVICE CENTER
RALEIGH, NORTH CAROLINA 27699-1070
TELEPHONE: (919) 733-7366; FAX: (919) 733-6801
E-Mail: dan.ragan@ncmail.net or sharon.fields@ncmail.net

1. Business Name _____ Telephone No._____

   Address _____ City _____ State _____ Zip_____

   E-Mail contact _____

2. Nature of Business ☐ Manufacturer ☐ Repackager ☐ Relabeler ☐ Distributor

   ☐ OTC Pseudoephedrine

3. Type of Ownership ☐ Sole Proprietorship ☐ Partnership ☐ Corporation

   State of Incorporation _____ Hours of Operation_____

4. All trade or business names used_____

5. Location of all facilities used by applicant for storage, handling, and distribution of prescription drugs. Each location must obtain a license.

Address	Telephone	Contact Person
_____	_____	_____
_____	_____	_____

6. Name and title of owners, partners, corporate officers, and directors

Name	Title
_____	_____
_____	_____

Answer the following: (a) on behalf of the owner if the applicant is a sole proprietorship, (b) on behalf of each partner if applicant is a partnership, or (c) on behalf of the corporation if the applicant is a corporation, and on behalf of each officer and director of such corporation.

	*YES	NO
(a) Has the applicant ever been convicted under any federal, state or local law relating to drug samples, wholesale or retail drug distribution, or distribution of controlled substances?	_____	_____
(b) Has the applicant ever been convicted of any felony under federal, state, or local laws?	_____	_____
(c) Has the applicant previously given any false or fraudulent information on an application made in connection with drug manufacturing or distribution?	_____	_____
(d) Has drug registration or license under any local, state, or federal law ever been suspended or revoked?	_____	_____
(e) Has drug registration or license under any state law or the Federal Food, Drug and Cosmetic Act ever been denied?	_____	_____

Describe your past experience in the manufacture or distribution of controlled substances and other prescription drugs.

_____

_____

What education, training, experience, or combination of these are required of employees to assure assigned functions are performed in a manner that ensures that prescription drug quality, safety, and security will be maintained at all times as required by law?

_____

_____

I, the undersigned, do hereby certify that all the information contained in this application is complete, true, and correct. In addition, I agree that the business will be operated in compliance with all applicable laws and regulations.

Date _____

Applicant Name_____
Owner, Partner, or Officer of Corporation

Title _____

Applicant Signature _____

*Please attach detailed explanation for any "YES" answers.

License expires December 31st of each year
Changes in information supplied in this application must be submitted within 90 days.